

# CLAIMS ONLY

Application Number

Filing Date

10/16/45 054

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/	/			51					
2				/			52					
3				/			53					
4				/			54					
5				/			55					
6				/			56					
7				/			57					
8				/			58					
9				/			59					
10				/			60					
11				/			61					
12			/				62					
13				/			63					
14				/			64					
15				/			65					
16				/			66					
17				/			67					
18				/			68					
19				/			69					
20				/			70					
21				/			71					
22				/			72					
23				/			73					
24				/			74					
25				/			75					
26				/			76					
27			/				77					
28				/			78					
29				/			79					
30				/			80					
31				/			81					
32				/			82					
33				/			83					
34				/			84					
35				/			85					
36				/			86					
37				/			87					
38				/			88					
39				/			89					
40				/			90					
41				/			91					
42				/			92					
43				/			93					
44				/			94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total			3				Total					
Indep							Indep					
Total			41				Total					
Depend							Depend					
Total			44				Total					
Claims							Claims					